

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 1 1

2. STATE:

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 4, 2004

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ - 0 -

b. FFY 2005 \$ - 0 -

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attach. 3.1-A&B, Suppl. 1, pp. 6, 30, 31-31.8  
32.

Attach. 3.1-A, Suppl. 2, pp. 3-11.

Attach. 3.1-A&amp;B, Suppl. 3, pp. 2-8.

Attach. 3.1-C, pp. 11-12.3, 29-36.1, 37-38,  
38.1-38.179. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attach. 3.1-A&amp;B, Suppl. 1, pp. 6, 30, 31, 32

Attach. 3.1-A, Suppl. 2, pp. 3-11.

Attach. 3.1-A&amp;B, Suppl. 3, pp. 2-6.

Attach. 3.1-C, pp. 11-12.2, 29-38, 38.1-  
38.17.

10. SUBJECT OF AMENDMENT:

Community Health and Substance Abuse Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Secretary, Health and  
Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Patrick W. Finnerty

14. TITLE:

Director

15. DATE SUBMITTED:

01/22/04

16. RETURN TO:

Dept. of Medical Assistance Services  
600 East Broad St., Suite 1300  
Richmond, Virginia 23219

Attn.: Regulatory Coordinator

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1/26/04

18. DATE APPROVED:

AUG 17 2004

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/4/04

20. SIGNATURE OF REGIONAL OFFICIAL:

Susan Cuerton

21. TYPED NAME:

SUSAN CUERTON

22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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- 4b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found. (12 VAC 30-50-130)
- A. Payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities, and the accompanying attendant physician care, in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination.
  - B. RESERVED.
  - C. Orthoptics services shall only be reimbursed if medically necessary to correct a visual defect identified by an EPSDT examination or evaluation. The Department shall place appropriate utilization controls upon this service.
  - D. Consistent with the Omnibus Budget Reconciliation Act of 1989 §6403, early and periodic screening, diagnostic, and treatment services means the following services: screening services, vision services, dental services, hearing services, and such other necessary health care, diagnostic services, treatment, and other measures described in Social Security Act §1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services and which are medically necessary, whether or not such services are covered under the State Plan and notwithstanding the limitations, applicable to recipients ages 21 and over, provided for by the Act §1905(a).
  - E. Community mental health services.
    - 1. Intensive in-home services to children and adolescents under age 21 shall be time limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to a documented medical need of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g., counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities and coordination with other required services; and 24-hour emergency response. These services shall be limited annually to 26 weeks.
    - 2. Therapeutic day treatment shall be provided two or more hours

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- b. There is limited motivation on the part of the individual or caregiver.
- c. The individual has an unstable condition that affects his or her ability to participate in rehabilitative plan.
- d. Progress toward an established goal or goals cannot be achieved within a reasonable period of time.
- e. The established goal serves no purpose to increase meaningful functional or cognitive capabilities.
- f. The service can be provided by someone other than a skilled rehabilitation professional.

12 VAC 30-50-226.

Community mental health services.

Definitions. The following words and terms, when used in these regulations, shall have the following meanings unless the context clearly indicates otherwise:

"Certified pre-screener" means an employee of the local community services board or its designee who is skilled in the assessment and treatment of mental illness and who has completed a certification program approved by DMHMRSAS.

"Clinical experience" means practical experience in providing direct services to individuals with mental illness or mental retardation or the provision of direct geriatric services or special education services. Experience may include supervised internships, practicums, and field experience.

"Code" means the Code of Virginia.

"DMAS" means the Department of Medical Assistance Services consistent with Chapter 10 (§32.1-323 et seq.) of Title 32.1 of the Code of Virginia.

"DMHMRSAS" means Department of Mental Health, Mental Retardation and Substance Abuse Services consistent with Chapter 1 (§37.1-39 et seq.) of Title 37.1 of the Code of Virginia.

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"Human services field" means social work, gerontology, psychology, psychiatric rehabilitation, special education, sociology, counseling, vocational rehabilitation, and human services counseling or other degrees deemed equivalent by DMAS.

"Individual" means the patient, client, or recipient of services set out herein.

"Individual service plan" or "ISP" means a comprehensive and regularly updated statement specific to the individual being treated containing, but not necessarily limited to, his treatment or training needs, his goals and measurable objectives to meet the identified needs, services to be provided with the recommended frequency to accomplish the measurable goals and objectives, and estimated timetable for achieving the goals and objectives. The provider shall include the individual in the development of the ISP. To the extent that the individual's condition requires assistance for participation, assistance shall be provided. The ISP shall be updated as the needs and progress of the individual changes.

"Licensed Mental Health Professional" (LMHP) means an individual licensed in Virginia as a physician, a clinical psychologist, a professional counselor, a clinical social worker, or a psychiatric clinical nurse specialist.

"Qualified Mental Health Professional" (QMHP) means a clinician in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a psychiatric diagnosis. If the QMHP is also one of the defined licensed mental health professionals, the QMHP may perform the services designated for the Licensed Mental Health Professionals unless it is specifically prohibited by their licenses. These QMHPs may be either a:

- (1) Physician who is a doctor of medicine or osteopathy and is licensed in Virginia;
- (2) Psychiatrist who is a doctor of medicine or osteopathy, specializing in psychiatry and is licensed in Virginia;
- (3) Psychologist who has a master's degree in psychology from an accredited college or university with at least one year of clinical experience;
- (4) Social worker who has a master's or bachelor's degree from a school of social work accredited or approved by the Council on Social Work Education and has at least one year of clinical experience;
- (5) Registered nurse who is licensed as a registered nurse in the Commonwealth and has at least one year of clinical experience; OR

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(6) Mental health worker who has at least:

(a) A bachelor's degree in human services or related field from an accredited college and who has at least one year of clinical experience;

(b) Registered Psychiatric Rehabilitation Provider (RPRP) registered with the International Association of Psychosocial Rehabilitation Services (IAPSRs) as of January 1, 2001;

(c) A bachelor's degree from an accredited college in an unrelated field with an associate's degree in a human services field. The individual must also have three years clinical experience;

(d) A bachelor's degree from an accredited college and certification by the International Association of Psychosocial Rehabilitation Services (IAPSRs) as a Certified Psychiatric Rehabilitation Practitioner (CPRP);

(e) A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field. The individual must also have three years clinical experience, OR;

(f) Four years clinical experience.

"Qualified para-professional in mental health" (QPPMH) means an individual who meets at least one of the following criteria:

(1) Registered with the International Association of Psychosocial Rehabilitation Services (IAPSRs) as an Associate Psychiatric Rehabilitation Provider (APRP), as of January 1, 2001;

(2) Has an associate's degree in one of the following related fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least one year of experience providing direct services to persons with a diagnosis of mental illness;

(3) An associate's or higher degree, in an unrelated field and at least three years experience providing direct services to persons with a diagnosis of mental illness, gerontology clients, or special education clients. The experience may include supervised internships, practicums and field experience;

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(4) A minimum of 90 hours classroom training in behavioral health and 12 weeks of experience under the direct personal supervision of a QMHP providing services to persons with mental illness and at least one year of clinical experience (including the 12 weeks of supervised experience);

(5) College credits (from an accredited college) earned toward a bachelor's degree in a human service field that is equivalent to an associate's degree and one year's clinical experience;

(6) Licensure by the Commonwealth as a practical nurse with at least one year of clinical experience; or

(7) Certification by the International Association of Psychosocial Rehabilitation Services (IAPSRs) as a Certified Psychiatric Rehabilitation Practitioner (CPRP).

1. Mental health services. The following services, with their definitions, shall be covered: Day treatment/partial hospitalization, psychosocial rehabilitation, crisis services, intensive community treatment (ICT), and mental health supports. Staff travel time shall not be included in billable time for reimbursement.

a. Day treatment/partial hospitalization services shall be provided in sessions of two or more consecutive hours per day, which may be scheduled multiple times per week, to groups of individuals in a nonresidential setting. These services, limited annually to 780 units, include the major diagnostic, medical, psychiatric, psychosocial and psycho-educational treatment modalities designed for individuals who require coordinated, intensive, comprehensive, and multidisciplinary treatment but who do not require inpatient treatment. One unit of service shall be defined as a minimum of two but less than four hours on a given day. Two units of service shall be defined as at least four but less than seven hours in a given day. Three units of service shall be defined as seven or more hours in a given day.

(1) Day treatment/partial hospitalization services shall be time limited interventions which are more intensive than outpatient services and are required to stabilize an individual's psychiatric condition. The services are delivered when the individual is at risk of psychiatric hospitalization or is transitioning from a psychiatric hospitalization to the community.

(2) Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from mental, behavioral, or emotional illness which results in significant functional impairments in major life

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activities. Individuals must meet at least two of the following criteria on a continuing or intermittent basis:

- (a) Experience difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness or isolation from social supports;
  - (b) Experience difficulty in activities of daily living such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized;
  - (c) Exhibit behavior that requires repeated interventions or monitoring by the mental health, social services, or judicial system; OR
  - (d) Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.
- (3) Individuals shall be discharged from this service when they are no longer in an acute psychiatric state and other less intensive services may achieve psychiatric stabilization.
- (4) Admission and services for time periods longer than 90 calendar days must be authorized based upon a face-to-face evaluation by a physician, psychiatrist, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, or psychiatric clinical nurse specialist.
- b. Psychosocial rehabilitation shall be provided at least two or more hours per day to groups of individuals in a nonresidential setting. These services, limited annually to 936 units, include assessment, education to teach the patient about the diagnosed mental illness and appropriate medications to avoid complication and relapse, opportunities to learn and use independent living skills and to enhance social and interpersonal skills within a supportive and normalizing program structure and environment. One unit of service is defined as a minimum of two but less than four hours on a given day. Two units are defined as at least four but less than seven hours in a given day. Three units of service shall be defined as seven or more hours in a given day.

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- (1) Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from mental, behavioral, or emotional illness which results in significant functional impairments in major life activities. Services are provided to individuals: (i) who without these services would be unable to remain in the community or (ii) who meet at least two of the following criteria on a continuing or intermittent basis:
- (a) Experience difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of psychiatric hospitalization, homelessness, or isolation from social supports;
  - (b) Experience difficulty in activities of daily living such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized;
  - (c) Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary; OR
  - (d) Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.
- c. Crisis intervention shall provide immediate mental health care, available 24 hours a day, seven days per week, to assist individuals who are experiencing acute psychiatric dysfunction requiring immediate clinical attention. This service's objectives shall be to prevent exacerbation of a condition, to prevent injury to the client or others, and to provide treatment in the context of the least restrictive setting. Crisis intervention activities shall include assessing the crisis situation, providing short-term counseling designed to stabilize the individual, providing access to further immediate assessment and follow-up, and linking the individual and family with ongoing care to prevent future crises. Crisis intervention services may include office visits, home visits, preadmission screenings, telephone contacts, and other client-related activities for the prevention of institutionalization.
- (1) Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from an acute crisis of a psychiatric nature which puts the individual at risk of psychiatric hospitalization.

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Individuals must meet at least two of the following criteria at the time of admission to the service:

- (a) Experience difficulty in establishing or maintaining normal interpersonal relationships to such a degree that he is at risk of psychiatric hospitalization, homelessness, or isolation from social supports;
- (b) Experience difficulty in activities of daily living such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized;
- (c) Exhibit such inappropriate behavior that immediate interventions by mental health, social services, or the judicial system are necessary; OR
- (d) Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.

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- (2) The annual limit for crisis intervention is 720 units per year. A unit shall equal 15 minutes.
- d. Intensive community treatment (ICT), initially covered for a maximum of 26 weeks based on an initial assessment with continuation re-authorized for an additional 26 weeks annually based on written assessment and certification of need by a qualified mental health provider (QMHP), shall be defined as medical psychotherapy, psychiatric assessment, medication management, and case management activities offered to outpatients outside the clinic, hospital, or office setting for individuals who are best served in the community. The annual unit limit shall be 130 units with a unit equaling one hour. To qualify for ICT, the individual must meet at least one of the following criteria:
- (1) The individual must be at high risk for psychiatric hospitalization or becoming or remaining homeless due to mental illness or requires intervention by the mental health or criminal justice system due to inappropriate social behavior.
- (2) The individual has a history (three months or more) of a need for intensive mental health treatment or treatment for co-occurring serious mental illness and substance use disorder and demonstrates a resistance to seek out and utilize appropriate treatment options.
- (a) An assessment that documents eligibility and the need for this service must be completed prior to the initiation of services. This assessment must be maintained in the individual's records.
- (b) A service plan must be initiated at the time of admission and must be fully developed within 30 days of the initiation of services.
- e. Crisis stabilization services for non-hospitalized individuals shall provide direct mental health care to individuals experiencing an acute psychiatric crisis which may jeopardize their current community living situation. Authorization may be for up to a 15-day period per crisis episode following a documented face-to-face assessment by a QMHP which is reviewed and approved by a LMHP within 72 hours. The maximum limit on this service is up to eight hours (with a unit being one hour) per day up to 60 days annually. The goals of crisis stabilization programs shall be to avert hospitalization or re-hospitalization, provide normative environments with a high assurance of safety and security—for crisis

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